



Methamphetamine

Stop the Methamphetamine epidemic

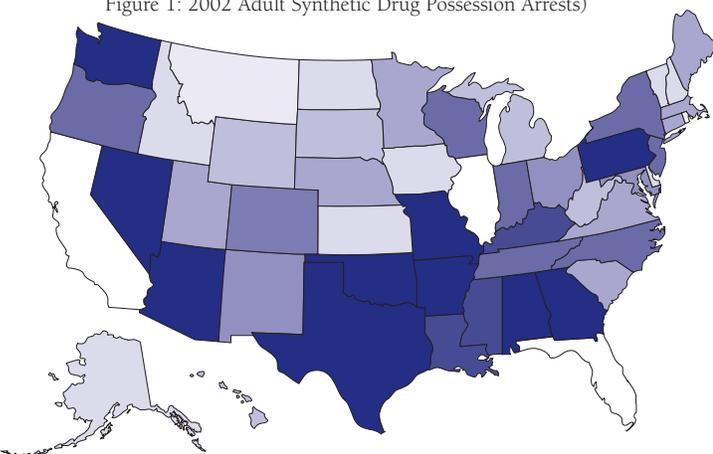
Methamphetamine addiction is an epidemic in most Western states, including Arizona and its border counties. Arizona bears substantial burden in the Methamphetamine epidemic. Using lessons learned from prior research and experience, here are ten practical steps to stop the Methamphetamine epidemic. The Meth Free Alliance in Pima County, Arizona is making these and other practical strategies happen.

Imagine hospitals seeing a rapid rise in admissions associated with broad morbidity and mortality. Imagine law enforcement, emergency medical, and public health personnel reporting a rapid increase in cases related to the same health problem. Imagine social service agencies being overwhelmed while providing help related to the fallout from the health problem. Imagine the media reporting case after case of this health problem on the nightly news or in the morning paper. Imagine elected officials all over the country reporting that the problem is rising—as rapidly as water through a breached levee.

One might call this an epidemic or a disaster. And, it is. Methamphetamine abuse is precisely such an epidemic affecting Arizona and other Western states with alarming disastrous consequences. It is not a TV show; it is real.

Arizona and its border counties, such as Pima County, are clearly in the epicenter of the Meth epidemic. For instance, Arizona is among the top four states in the nation in arrests for Methamphetamine possession, based on FBI data shown in Figure 1. To address the epidemic, Pima County civic, health and faith leaders formed Meth Free Alliance.

Figure 1: 2002 Adult Synthetic Drug Possession Arrests)



The lighter the shade indicates fewer arrests. Illinois and Florida have little to no arrest data available. Source: Uniform Crime Reports downloaded from inter-university Consortium for Political and Social Research

Methamphetamine-related hospital discharges for illnesses and injuries are skyrocketing along Arizona's border counties, shown in Figure 2. Arrests for Meth possession are flooding the border counties of Arizona, as shown in Figure 3. Substance abuse treatment, however, has largely stayed flat in Arizona's second most populated county, Pima, but has increased in other border counties, shown in Figure 4.

Figure 2: Methamphetamine Related Hospital Discharges

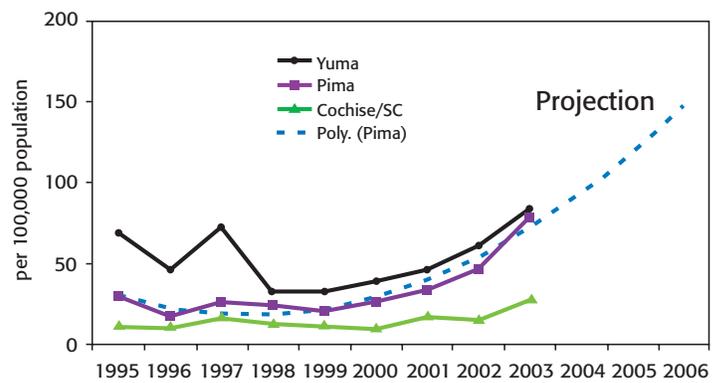
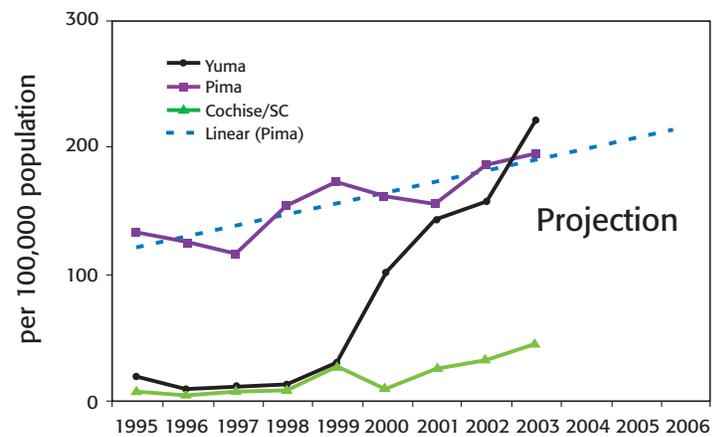


Figure 3: Arrests for Methamphetamine Possession



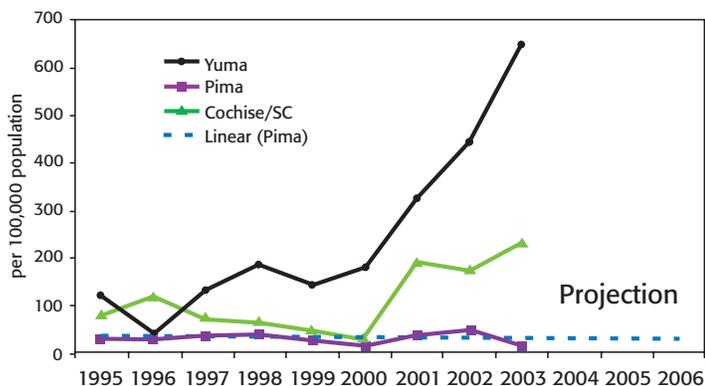
If it goes unchecked, this epidemic will overwhelm our state's medical, social and legal resources. We have been studying this epidemic in a number of states, including Arizona, and the time has come for a comprehensive, coordinated response.

In this article, we outline steps that can be taken to help calm this epidemic. Our approach is based on practical, scientific lessons learned. Our comprehensive approach utilizes short, medium and long-term strategies for the Meth Free Alliance. It has



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Figure 4: Methamphetamine Substance Abuse Treatment Episodes



become increasingly clear, from examining past national efforts and the efforts of other states, that piecemeal approaches produce only tiny, modest or short-term results.

Short-term strategies

1. Advertise and staff a 24-hour, Meth-Free Hotline, so people can call about manufacturing, sales, distribution, use, and help for a loved one or co-worker. This has made a difference in Kauai with Methamphetamine, and is a basic element of health promotion and social marketing for health issues. Such a toll-free number will be a great asset to primary care providers, agency personnel, faith-based personnel, and others who are front-line caregivers in daily Methamphetamine tragedies.
2. Fund more prosecutorial staff to handle the explosion of Meth-related cases. Law enforcement data suggests that 50-75 percent of the street crimes are Methamphetamine-related in areas infected with the Methamphetamine epidemic—from the thousands of property crimes like mail theft, auto theft, burglary, forgery to the more grisly crimes of violence reported daily on the evening news. Methamphetamine-related crimes involve far more than just the 500 arrests for Methamphetamine possession made each month in Pima County. Forensic analyses of serious Methamphetamine users show that many can—and do—commit hundreds of crimes each. To stop the “revolving door” problem, more cases at all levels will require prosecution resources—investigators, prosecutors, and public defenders. More law enforcement and more arrests alone are not enough.
3. Enact legislation and support “recovery sentencing.” As a part of any case where involving Methamphetamine or poly-drug use is implicated, recovery sentencing requires participation in evi-

dence-based practices for recovery with small and swift, positive or negative, consequences for offender accountability, making every court have the potential tools of drug courts. Every offender suspected of drug use, or with a pattern of crimes that suggest drug use, must have a scientifically valid assessment for drug use. Taking lessons from drug courts and research, coerced treatment can work by “raising the bottom” and reducing the number of innocents involved (e.g., children, families, businesses, neighbors) instead of waiting helplessly until folks “hit bottom.” The benefits of coerced treatment can be more than crimes averted, if tied to other evidence-based strategies.

4. Support an electronic registry of precursor purchases so that law enforcement can act quickly. While “superlabs” (in Mexico, California, other states, and Arizona) are the major source of Methamphetamine for most users in Arizona (the number of labs being seized has decreased with the number of pounds seized going up), the small manufacturers of Methamphetamine commit hundreds of street crimes. These individuals might be interdicted by rapid electronic systems. Precursor controls at a local or state level will help but will not dramatically reduce the Methamphetamine problems compared to taking federal action on bulk domestic or foreign sales of critical ingredients.

Medium-term strategies

- Quick fixes are important and need to happen, along with some strategies that will take six to 24 months to effect, which, in turn, will affect both supply and demand in the long run.
5. Provide vouchers for evidence-based treatment. Treatment for Meth addiction has not increased in Arizona, and our state has one of the greatest “treatment gaps,” meaning we have more people who need treatment, want treatment and have tried to get treatment, but were not able access it (the National Survey on Drug Use and Health, NSDUH Report, 2004). This is most likely because, unlike other states, Arizona does not use state funding—with the exception of the Medicaid match—to supplement the meager and limited federal funds available for drug treatment. One solution would be for the state to fund a treatment voucher program. This would provide funding for low-intensity outpatient treatment (which can work for early users), the costs run about \$1,500 per patient; for intensive outpatient services (typically needed for cases involving arrests) costs would be up to \$5,000, and vouchers for residential treatment (needed for long-term addicts with substantial cognitive impair-

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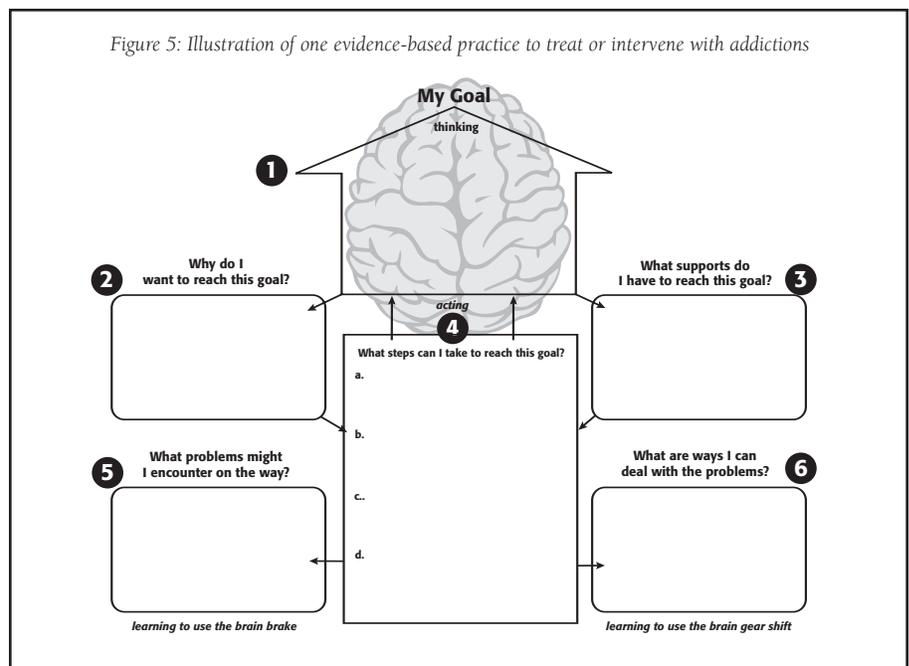
Stop the Methamphetamine epidemic, *continued*

ment, damage that must have time to recover) could be provided for approximately \$10,000. Vouchers also need to be awarded for recovery support. Even dealers who sell Methamphetamine are more likely NOT to repeat their crimes if they are treated in controlled situations and have support following treatment. Treatment needs to be advertised as free, since careful research shows that such promotions get more people into treatment sooner with greater success. Putting people through the legal system dozens of times, being a victim of their crimes in the community, removing their children for drug endangerment or having them come to our already resource-stretched hospitals is extremely costly, and is only beginning to be recognized as a problem that cuts across multiple agencies, human service, and health care providers. This is definitely not free. Vouchers can be made available to providers with incentives for positive recovery outcomes. This will solve more of the identified problems than simply pumping money into bureaucratic systems will do. And, it will have the added effect of bringing more highly-motivated providers to the table who are more likely to provide higher quality treatment because of their willingness to adopt evidence-based practices and deliver them with greater fidelity than will less motivated providers.

6. Support and fund training in proven low-cost treatment and intervention strategies. The media make Methamphetamine addiction seem hopeless. This is simply not so. For example, there are at least two scientifically valid strategies that cost only a few hundred dollars per professional to train, that will more than double the ability of families to get someone in their family who is addicted to Methamphetamine into treatment and complete that treatment successfully. Only a small percentage of clinicians use the procedures nationally. Both Community Reinforcement and Family Training (CRAFT) and Behavioral Couples Therapy (BCT) use family or spouse reinforcement of recovery behaviors and interruption of addiction chains, as opposed to confrontation or “detachment.” A simple contingency management—“prize bowl”—procedure (funded in studies by the National Institute on Drug Abuse) added to poly drug user or Methamphetamine user treatment can dramatically reduce relapse while increasing treatment engagement and treatment completion. Virtually no doctors, therapists, probation, parole or other professionals are using this procedure. It only costs about \$200+ per client to implement, yet it can be explained in an hour or so. In addition, a simple supplementation protocol of Omega 3 fatty acids reduces common co-morbidities (e.g., bipolar disorder, aggression, borderline personality disorder) associated with addictions such as

Methamphetamine in placebo-controlled studies. These are only a couple of examples of rapidly emerging possible effective treatments. If treatment vouchers include incentives for using these and other emerging evidence-based practices, significant progress in treating Methamphetamine addiction can be made. Most of these procedures can be implemented or used by a broad array of agents—health professionals, therapists, probation, parole, and faith-motivated groups. The procedures are largely hypothesized to work because they change the fundamental reasons why people use drugs in the first place.

7. Fund, demand and launch powerful and practical interventions with juvenile justice and alternative education students. The most probable future users of Methamphetamine are already “in the system” of juvenile justice and alternative education, and often in the state supported health care systems. National data suggests that 50% to 90% of such youth are likely 30-day users of alcohol, tobacco and/or illegal drugs, compared to about 10% of the rest of the adolescent population. These high-risk kids are on the fast track for Methamphetamine use, though they may not use presently. Rather simple, yet practical and respectful strategies can be implemented that deter current alcohol, tobacco and illegal drug use of this high-risk group, and may prevent the likelihood of future Methamphetamine use and reduce current use of alcohol, tobacco and other illegal drugs. These practices—despite their effectiveness and low-cost—are virtually absent in Arizona, except for use by the Pima County Attorney’s Office Community Justice Boards. Most work by principles of motivational enhancement, replacing drug-based reinforcement with goal attainment reinforcement—both of which operate in the reward circuits of the brain. The figure below is an example of one of the strategies to draw out the authentic goals of youth and steps to achieve them.





reduces discipline problems and improves underlying academic skills for attention, providing immediate cost-savings. This low-cost practice (The Good Behavior Game, by Hazelden) is being funded only in a few schools in Arizona, under the auspices of a federal grant. It theoretically works by reinforcing voluntary control over the inhibition circuits of the brain and reducing accidental reinforcement of behaviors in the developmental, causal chain of substance abuse and related problems.

8. Activate and fund neighborhood and work place interventions. Arizona law allows members of neighborhood associations to speak at appearances and sentencing hearings for crimes committed in their neighborhoods. With technical and other supports, more neighbors can appear at these hearings, getting more people into recovery sentencing and reducing the revolving door issues. Certain neighborhood locations can be behaviorally and ecologically “toxic”—spreading Methamphetamine addiction like a plague. Over 50% of current Meth users are full-time employees, and their actions tend to cause huge losses for local businesses— theft, embezzlement, health care, injuries, poor productivity, and/or customer difficulties. Local governments can fund assistance efforts for local businesses to have “drug swipes” of machinery, restrooms, door handles, etc. that test for the presence of Methamphetamine and other drugs in the workplace without urine testing. These tests coupled with “Meth Free Workplace” plans can get people into treatment faster.

Longer-term strategies

Two strategies presently have shown promise as long-term prevention strategies (three to ten years out) for Methamphetamine and related illegal drug use.

9. Fund and promote implementation of elementary school intervention/prevention strategy. Based on world-class randomized-control group research with 20-year longitudinal follow-up at Johns Hopkins University, a simple classroom intervention for elementary students originally invented by a fourth-grade teacher, and a Surgeon General’s Best Practice, might prevent some 5,000 students from using Methamphetamine or other highly addictive illegal drugs, if utilized in the classrooms of all 400,000 elementary students in Arizona. The research-based best practice also dramatically reduces the need for special education or mental health services, reduces juvenile crime,

10. Fund and promote universal, multi-level parenting support. New studies suggest that protocols that promote positive parenting interactions at elementary or middle school protect against Methamphetamine and other illegal drug use. In response to the threat of drug use, the state of Wyoming (approximately half the population of Pima County) has funded a state-wide Wyoming Parenting Initiative for about \$3 million, using a multi-level approach to train all practitioners (teachers, counselors, clergy, doctors, nurses, case workers, etc.) in a powerful evidence-based parenting effort that can be promoted in the media (think of a sort of Super Nanny approach), used when meeting with the child’s doctor, or learned intensively by families in high levels of distress or need, including child-protective services. Pregnant mothers or mothers of young children who use Methamphetamine require additional interventions such as reinforcement for sobriety or recovery behaviors, vigorous prenatal supplementation because of depression associated with Methamphetamine and/or post-partum depression and other comorbidities, interventions like Kangaroo Care and/or infant massage to help neonatal self-regulation or overcome pre-term problem, and specialized interventions like errorless compliance training with exposed children.

Actions specifically by physicians

The Methamphetamine epidemic is a Force 5 Hurricane in the health care system, as well as in law-enforcement and social services, with devastations too numerous to list here. Physicians can be part of the community and state response by:

- Learning and applying the low-cost screening, brief intervention and preventative strategies in their practices, as appropriate.

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- Pediatricians or family practice physicians, for example, can recommend the low-cost yet powerful classroom strategy (the Good Behavior Game) for children presenting with ADHD or oppositional defiance, since those diagnoses may increase the risk of Methamphetamine use.
- OB-GYN or staff can recommend the use of contingency-management and Omega 3 fatty acid protocols mentioned for pregnant or post-partum women at risk for Methamphetamine use, since both have protective value.
- Affiliated office staff or physicians can learn to use brief strategies to get people into treatment or help family members get their loved ones into appropriate treatment, and all physicians can utilize brief screening instruments for addictions.

Do your part

The skills and procedures that help with Methamphetamine have broad application for addictions and psychiatric problems in general. Support local and state coalition efforts to implement these ten solutions, and other short, medium and long-term strategies.

These ten actions—all evidence-based approaches appropriate for practical application—show that our families, workplaces, neighborhoods and communities can become Meth free. Methamphetamine use stops with us, when we take action. Thankfully, action is possible.

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Dr. Minugh is the president of DATACORP, with offices in Rhode Island and Wyoming. She and her company are leaders in data-driven approaches to substance abuse and related issues, pioneering new methods for data-driven solutions.

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